

CUAA Physician Assistant Program
Behavioral Medicine Clinical Preceptor Handbook



CONCORDIA UNIVERSITY
Ann Arbor, Michigan

Thank You, Preceptors!

Your generous contribution of time, hard work and medical expertise on the part of our students is the vital key to the success of the CUAA PA program and to the success of our students when they graduate.

The clinical experiences the student will obtain under your supervision are critical in synthesizing the concepts and application of principles for high quality health care delivery. Eleven months of clinical rotations follow fifteen months of rigorous didactic coursework. You, the preceptor, are **vital** to successful learning in the clinical setting. The PA student will work closely with you, and s/he will progressively develop the skills and clinical judgement necessary to become a practicing PA. **Thank you for your commitment to PA education!**

Continuing Medical Education Credit for Preceptors:

Category I CME Credits (Physician Assistant Only):

Individual preceptors may be awarded AAPA Category 1 CME credits for precepting each calendar year, at a rate of 2 AAPA Category 1 CME credits per student per 40-hour week.

<https://www.aapa.org/learning-central/aapa-cme-accreditation/category-1-cme-for-preceptors/>

Category II CME Credits

Upon request, a letter will be provided attesting to Category II CME credits, which are earned on a credit-per-hour basis. Credits may be divided between multiple Clinical Affiliates if desired. Information about claiming CME can be found below based on your credential (PA/MD/DO/NP):

- For PAs: <https://www.aapa.org/wp-content/uploads/2016/12/Category-1-CME-for-Preceptors-Guide.pdf>
- For MDs: <https://csms.org/wp-content/uploads/2014/03/provider-faq2.pdf>
- For DOs: Unfortunately, the AOA does not allow CME credit for precepting PA students.
- For NPs: <http://www.aanpcert.org/recert/ce>

Thank you for taking the time to familiarize yourself with the policies and guidelines discussed in this handbook. If you have any questions or concerns, please contact me at the PA program office

Blessings,

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Table of Contents

Concordia University Ann Arbor.....	3
CUAA PA Program Vision.....	3
CUAA PA Program Mission	3
CUAA PA Program Goals	3
PA	
Competencies.....	Erro
r! Bookmark not defined.	
General Preceptor Responsibilities	4
Supervision of the PA Student.....	5
Preceptor Evaluation of Student Performance	6
PA Student Responsibilities.....	6
The Preceptor-Student Relationship	7
CUAA PA Program Responsibilities to the Preceptor and Clinical Site.....	7
Evaluation and Grading	9
Evaluation Forms	9
Overview of the CUAA PA Curriculum.....	9
APPENDIX A.....	11
APPENDIX B	12
APPENDIX C	15

Concordia University Ann Arbor

The Concordia University Ann Arbor (CUAA) PA program is working with physicians, health care professionals, and administrators to decrease the shortage of healthcare services in Michigan and the surrounding areas. The Program and the University place emphasis on educating students to serve the needs of rural and underserved communities.

CUAA PA Program Vision

The vision of the PA program at Ann Arbor is to provide the local and global community with competent medical providers who will improve lives and influence communities through clinical service and leadership, and do so in a compassionate and respectful manner that changes the lives of all patients who seek our care.

CUAA PA Program Mission

The mission of the PA program at Ann Arbor is to educate Physician Assistant students in primary medicine with a focus on rural and underserved patient populations and communities.

CUAA PA Program Goals

1. Recruit and retain students from underserved, underrepresented, and diverse backgrounds committed to the PA profession.

2. Provide each PA student cohort with specific curricular content in providing primary care to rural and underserved communities in order to increase the number of graduates who elect to practice in rural and underserved communities after graduation.
3. Obtain a pass rate greater than, or equal to, 90% on the PANCE examination.
4. Develop entry-level PA graduates who demonstrate competency in all aspects of primary care.
5. Achieve a PA employment rate of 75% by 6 months after graduation.

PA Competencies

At the completion of the PA program, students will:

1. Demonstrate the requisite knowledge necessary in primary medicine to evaluate and manage medical concerns of an acute, emergent, chronic, and preventive nature in patients of any age.
2. Demonstrate communication skills that are patient-centered in obtaining a thorough and concise medical history from patients in an attentive and respectful manner.
3. Perform a technically accurate complete physical exam on patients of any age for preventive and chronic visits; and focused physical exam for patients presenting with acute or emergent medical problems.
4. Select appropriate labs & diagnostic testing based on a differential diagnosis, and interpret testing to narrow or identify the diagnosis.
5. Demonstrate the requisite basic procedural skills required to identify and manage illness and injury in a clinical encounter.
6. Apply medical decision making to develop a diagnosis or presumptive diagnosis from a broad differential utilizing all aspects of patient evaluation findings.
7. Organize and present an oral presentation of a clinical patient encounter in a coherent fashion.
8. Document a clinical note including all components appropriate to the presentation for a patient with a medical or surgical concern in an inpatient or outpatient setting.
9. Utilize available medical research to identify appropriate evidence for a particular clinical question or to assist in medical decision making.
10. Function professionally in medical practice with all members of the healthcare team.
11. Demonstrate understanding of Christian Values, and exemplify integration of these values, attitudes, and behaviors in both the classroom and in clinical practice.

General Preceptor Responsibilities

- **Orient the student** to the Clinical Site at the beginning of the rotation, including a review of important policies and procedures, as well as an introduction to the staff.
- Review the **Rotation Learning Outcomes** and **Instructional Objectives** with the student to align expectations for the rotation. **Please see the Rotation-Specific Learning Outcomes and Instructional Objectives in APPENDIX C.**
- Establish a **schedule** for the student with a **minimum of 32-40 hours per week**, and a **maximum of 60 hours per week**. Students should work similar hours to the preceptor and be available for on-call, nights, and weekends. Hours may be spent with other providers as directed by the preceptor.
- Provide the student ample opportunity to be an **active participant** in history taking, physical assessment, clinical decision making and treatment planning. Delegate increasing levels of

responsibility as appropriate. **By the end of the first week** students should actively participate in evaluating patients.

- Demonstrate cultural competency and an ethical approach to the care of patients as you serve as a **role model** for the student.
- Provide ongoing and timely **feedback** regarding the student's **clinical performance, knowledge base, critical thinking skills, interpersonal skills, and professional behaviors** to support growth and improvement.
- **Supervise, demonstrate, teach, and observe** the student's clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- **Audit and co-sign charts** to evaluate the student's ability to complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Facilitate student learning by listening to the student's **patient presentations**, questioning the student as able and providing feedback and follow up **reading assignments**.
- Promptly complete the **on-line student evaluation** at mid-rotation and end-of-rotation through the CORE link that will be sent via email, and discuss results with the student.
- **Communicate** any student problems, issues, or deficiencies with the Director of Clinical Education.

Supervision of the PA Student

- During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it's important to clearly **assign** the student to another MD, DO, PA, or NP who will serve as the interim preceptor.
- Students must always be clearly designated as a "PA student" in the clinical setting, easily distinguished from other health profession students/providers. (Std A3.06)
- PA students are not to substitute for or function as paid clinicians, clerical staff, or other workers at clinical sites (Std. A3.05)
- Patients must be informed that a PA student will participate in their care, and the patient consent must be obtained.
- The preceptor can provide direct supervision of technical skills with gradually increased autonomy commensurate with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated by the preceptor prior to patient discharge. The preceptor must review, verify, and cosign all documentation done by the PA student.
- The preceptor will verify and sign off on patient logs and procedural skills logs with the student at the end of the rotation. (please see **APPENDIX B** for list of procedural skills the PA student is to acquire)

Preceptor Evaluation of Student Performance

The **mid-rotation** and **end-of-rotation evaluations** in CORE are designed to promote communication between preceptor and student. We highly encourage preceptors to routinely provide positive and constructive feedback to help improve students' clinical performance. Preceptors are encouraged to discuss **strengths and weaknesses** to promote student growth in the areas of **clinical and technical skills, clinical reasoning and problem solving, interpersonal skills, medical knowledge, and professional behaviors**. It is often beneficial to gain additional insight into the student's professionalism and effectiveness as a team player by privately collecting insight from colleagues and staff. The preceptor's evaluation of the student is tremendously important and accounts for 30% of the final rotation grade. The final grade for a clinical rotation, and the decision to pass or fail a student, are ultimately made by the program faculty.

*****Failure to complete the evaluations by the end of the rotation will result in the student receiving an incomplete for that rotation, which could delay graduation until resolved.*****

PA Student Responsibilities

- Adhere to standards of professional conduct as outlined in the Student Clinical Year Handbook and at all times address the preceptor, clinical staff and patients with professionalism.
- Always identify themselves as "physician assistant students" to faculty, patients, and staff.
- All documentation and charting must be signed and include the initials "PA-S". Students who possess other titles (e.g. RN, RT, etc) will at no time be allowed to use these designations.
- All documentation, charting, and orders must be co-signed by the preceptor immediately.
- Arrive on time to the clinical site or to rounds, fully prepared and ready to fully participate.
- Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, and give oral presentations.
- Develop an appropriate evidence-based treatment plan based on the clinical findings utilizing the medical decision making process.
- Perform and/or interpret common lab results and diagnostics.
- Educate and counsel patients across the lifespan regarding health promotion and disease prevention.
- When possible, take call, attend grand rounds, participate in hospital-based care as well as outpatient clinic.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.
- Augment learning experiences to accomplish rotation learning outcomes and instructional objectives by review of medical textbooks and online evidence based resources.
- Abide by HIPPA standards and OSHA guidelines in honoring confidentiality and universal precautions at all times.

- Work at least 32-40 hours per week, and report any absences to both the preceptor and DCE by 8am that day. Students must make up time missed on the rotation; if unable, contact the DCE.
- Keep an accurate log of each patient encounter and input all pertinent data in CORE, verified by preceptor.
- Keep an accurate Procedural Skills Log in CORE, also verified by preceptor.
- Always work under the direct supervision of the preceptor assigned by the program. Students are never in charge of a patient's care, nor are they allowed to provide any services without consultation and supervision of the preceptor.
- Meet with the DCE or the designee during a site visit.
- Attend the End of Rotation assessment day on campus the final Friday of the rotation.

*****PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of our PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the PA program. If preceptors observe and concerns about a student's professionalism, please contact the DCE immediately.*****

The Preceptor-Student Relationship

The preceptor and student should maintain a professional relationship and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation.

Problems on rotations can occur, be they academic, professional, or personal in nature. Students and preceptor should use the following guidelines in dealing with any problems:

- Attempt to resolve problems with the individual directly.
- If this is not possible, discuss it with the preceptor or contact person.
- **If unable to resolve a problem for any reason, contact the Director of Clinical Education ASAP.** *If the DCE is unavailable please contact the clinical coordinator in the PA Office.*

CUAA PA Program Responsibilities to the Preceptor and Clinical Site

- **Orient preceptors and students** to the structure of the clinical rotation and student learning.
- Develop and maintain good communication among the student, the PA program, & preceptors.
- Provide instructional objectives and learning outcomes for each rotation.
- Provide resources to enhance a preceptor's ability to teach and integrate students into workflow (see APPENDIX A).
- Provide CME credit, when available, to providers commensurate with their hours of precepting.

- Calculate all grades for rotation performance from multiple assessments, including preceptor/site evaluations, assignments, presentations, OSCE's, logging, and exams.
- Provide remediation when student deficits are identified; open communication and early problem solving may help to avoid a diminution in the educational experience.
- Ensure student health-requirements are all met per CDC guidelines. In addition to having a current health insurance policy and passing a health examination, the PA program requires the following immunizations:
 1. Annual PPD, or Quantiferon Gold test
 2. Chest radiography (every three years, if the PPD is considered positive);
 3. Hepatitis B immunization (established by three reported dates of immunization or by documented antibody titer);
 4. Tdap to those who have not received it before then Td (every 10 years);
 5. Rubella immunity (established by two reported dates of vaccination or documented antibody titer);
 6. Varicella immunity (established by documented history or antibody titer) or date of vaccination;
 7. Influenza vaccination each flu season.
- The PA program ensures the completion of HIPAA training as students will receive HIPAA training both during the didactic phase of the program, and again just prior to the start of clinical rotations.
- The students are also responsible for completion of training in OSHA Guidelines.
- Students are responsible for following required universal precaution guidelines at the clinical sites. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. Students are also required to take and pass a Bloodborne Pathogen and Universal Precaution exam after receiving training in both of the areas prior to clinical rotations.
- Students have received instructions regarding Incident Reporting.
- Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care (under two hours from the time of exposure). An incident report (available in the clinical handbook and in CORE) should be completed at the site. The student must contact the Director of Clinical Education. Ultimately, the student is responsible for initiating care and follow up care after an exposure at a physician's office or urgent care or emergency facility. All costs are the sole responsibility of the student.
- Each PA student is fully covered for malpractice insurance by the PA program.
- CUA provides each student with a \$1M/3M malpractice insurance policy. The policy is described within the affiliation agreement between the university and facility. Formal copies are to be requested from the Director of Clinical Education.
- The Director of Clinical Education or his/her designee will visit active clinical sites (active: precept at least one student annually) at least once every 3 years. Site visits may be completed in-person or via tele- or video-conference. Scheduling of site visits will be coordinated by both the DCE and the clinical site to find a mutually agreeable time. The purpose of the site visit is three-fold:
 1. To ensure that the clinical site can provide a safe environment for student learning, as well as adequate facilities, patient populations, and preceptor supervision.

2. To evaluate the student's development in their medical knowledge, clinical skills, interpersonal skills, problem solving, and professional behaviors.
3. To allow for frank and honest exchange of information among all involved parties.

Evaluation and Grading

Students are required to pass each clinical rotation with a total score of 79% or higher. Students must have demonstrated a passing performance on the preceptor evaluations, the EOR exam, and by successfully completing all end of rotation assignments, assessments, logging, and preceptor/site evaluations. All assignments must be submitted by the end of each rotation. **It's imperative that preceptors submit their evaluations of the student on time so that students can progress and not delay graduation.**

Evaluation Forms

Preceptor Evaluation of Student Performance

The preceptor will be emailed a secure link from CORE whereby s/he will complete the mid-rotation and end-of-rotation evaluations. The evaluation is based on demonstration of a student's competency in a number of different areas, including: preparedness for the rotation, professionalism, medical knowledge, interpersonal skills, clinical and technical skills, problems solving and medical decision making. The student will be able to review the evaluation to help identify areas for improvement. Preceptor evaluations become a part of the student's permanent record and are calculated into the grade received for that particular rotation.

The preceptor is encouraged to have an **exit interview** with the student. This evaluation process should allow for more direct feedback between the preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.

If there are **discrepancies** and the student is dissatisfied with the evaluation, the student should first communicate with the preceptor. If the discrepancy remains unresolved, the student should contact the DCE by writing a statement that outlines specific reasons for disagreement with the preceptor's final evaluation. The statement will be reviewed by the DCE and, if necessary, the Program Director. Consultation with the student will take place if further information is required. If no further action is necessary, a written decision will be sent to the student from the Director of Clinical Education. If further action is necessary, the Director of Clinical Education will contact the preceptor for more information. Upon receiving the information, the PA Program Director and DCE will convene. A final written decision will be sent to the student from the PA Program Director.

Student Evaluation of Preceptor & Clinical Site

Each student will also be emailed an evaluation to complete with questions about the preceptor experience and the clinical site itself. In order to demonstrate that Program objectives and standards are being met, the evaluation focuses on adequacy of the facilities, the level of patient contact and patient diversity, and the adequacy of preceptor teaching, feedback and involvement.

Students are asked to evaluate the strengths and areas for improvement of the clinical site and experience. Constructive comments are requested.

Preceptors can obtain detailed evaluation templates from the DCE, if desired.

Overview of the CUAA PA Curriculum

The Concordia University Ann Arbor PA Program is a full time 28 consecutive month curriculum housed on the Ann Arbor North Campus. The didactic portion of the program is 16 months long. The clinical portion of the program is 12 months in length with a summative evaluation in the final 4-8 weeks of the program. Rotations will include placement in urban, suburban, rural, and medically underserved settings throughout Michigan as well as out of state locations.

The didactic phase of the program includes basic sciences, clinical medicine, surgical medicine and behavioral medicine. Topic areas include human anatomy with cadaver lab, physical examination and history taking, patient care and health promotion/disease prevention, physiology/pathophysiology, pharmacology, clinical skills, and topics and issues related to the PA profession and U.S. health care system. The didactic phase is designed to prepare the student for the clinical year, when greater learning will occur with hands-on experience in all of these fields of medicine.

CLINICAL YEAR ROTATIONS:

- PHAS 611 Family Medicine Clinical Rotation 1
- PHAS 612 Family Medicine Clinical Rotation 2
- PHAS 621 Internal Medicine Clinical Rotation 1
- PHAS 622 Internal Medicine Clinical Rotation 2
- PHAS 623 Women's Health Clinical Rotation
- PHAS 624 Pediatric Clinical Rotation
- PHAS 631 Behavioral Medicine Clinical Rotation
- PHAS 632 Surgical Medicine Clinical Rotation
- PHAS 633 Emergency Medicine Clinical Rotation
- PHAS 641 Elective Clinical Rotation 1
- PHAS 642 Elective Clinical Rotation 2
- PHAS 651 Summative Assessment

Each Rotation is 4 weeks long and will include a minimum of 32-40 hours of clinical experience per week, and will include an EOR (end of rotation assessment period) ON THE FINAL DAY.

APPENDIX A

THE ONE MINUTE PRECEPTOR - A Method for Efficient Evaluation and Feedback

The one minute preceptor is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

1. **Get a learner commitment**
 - a. So, what do you think is going on with this patient?
 - b. How would you like to treat this patient?
 - c. Why do you think the patient came today?
 - d. What would you like to accomplish on this visit?

2. **Probe for supportive findings/evaluate the thinking leading to that commitment**
 - a. How did you reach that conclusion?
 - b. What makes you....?
 - c. What findings support your diagnosis?
 - d. What else did you consider?

3. **Reinforce what was correct/give positive feedback**
 - a. I agree with your interpretation
 - b. I am pleased that you included...that aspect of the physical exam.
 - c. I appreciate your consideration of the patient's financial situation in prescribing...

4. **Constructive guidance about errors or omissions/give negative feedback**
 - a. I disagree with...the scope of your differential diagnosis.
 - b. What else do you think you might have included?
 - c. Including the abdominal exam would have been important...
 - d. A more efficient way to...

5. **Teach a general principle/clarify "the take home" lesson**
 - a. So, in general, it's important to remember...
 - b. It is always important to think about...
 - c. In general taking a little extra time...
 - d. Why don't you read up on this tonight and report back tomorrow...

(Adapted by the Physician Assistant Program, Oregon Health Sciences University, Portland, with credit to the Department of Family Medicine, University of Washington, Seattle. Reference: Nether JO, Gordon KC, Meyer B, Stevens N. A Five-Step "Microskills" Model of Clinical Teaching. J AM Bd of Fam Pract July-Aug. 192; Vol. 5 No. 4, 419-424.)

APPENDIX B

Technical Skills

*Upon completion of all eleven of the rotations, the student should be able to demonstrate/perform the competency in the following skills. Skills in **bold type** require the student to have participated in at least one of the procedures by the end of the program. Skills performed in the Clinical Skills class of the didactic year which demonstrated competency qualify. Skills should be logged on the software tracking system.*

Students will be provided a "Passport" which they can use to record and have the preceptor verify competency of each procedure to help with logging.

Technical Skills list includes:

Pediatrics

1. **Perform well child H & P on infant**
2. **Documentation: Well child H & P with anticipatory guidance**
3. **Perform well child H & P on child**
4. **Perform well child H & P on adolescent**
5. **Perform focused H & P for acute/chronic visit**
6. **Administer IM, SC or ID injections/immunizations**
7. **Nasopharyngeal swabs and throat swabs**
8. **Rapid strep A antigen test**
9. **Peak flow testing and interpretation**
10. Hemoglobin & hematocrit
11. **Writing prescriptions with pediatric dosing**

Emergency Medicine

1. **Perform problem focused H&P**
2. **Documentation of SOAP note to include MDM**
3. **EKG interpretation**
4. **Order and interpret routine X-rays (CXR, Abd, Spine, Extremity)**
5. **Order and interpret radiologist's report for imaging studies (CT, MRI, U/S)**
6. **Utilize Universal Precautions**
7. Endotracheal intubation and bag-valve mask ventilation
8. **Venipuncture/Phlebotomy**
9. IV Catheterization/cannulation
10. **Local anesthetic administration, including digital blocks**
11. Arterial puncture
12. **Abscess Incision and Drainage (I & D) and packing**
13. **Simple interrupted suture**
14. Subungual hematoma drainage
15. Perform and interpret results of lumbar puncture
16. NG tube placement
17. **Sterile/aseptic technique**
18. **Laceration repair including skin adhesives/staples/suture**
19. Foreign body removal (ear, nose, eye, skin)
20. **Apply techniques to avoid biomedical hazards, body fluids, needle sticks**
21. **Apply basic splints**
22. **Measure O2 saturation with pulse ox**
23. Straight and Foley catheterization of urinary bladder

24. **Administer a nebulizer treatment**
25. Ophthalmic fluorescein staining/Wood's lamp exam
26. Correctly place chest decompression tube

Family Medicine

1. **Perform preventive H & P**
2. **Perform focused H & P for acute or chronic visit**
3. **Document Preventive H & P**
4. **Document SOAP note for acute or chronic visit**
5. **Visual screen**
6. Fundoscopic exam
7. **Administer IM, SC or ID injections/immunizations**
8. **Finger stick with glucometer**
9. Punch biopsy
10. **Interpret tuberculin skin test**
11. Cryotherapy of skin lesion
12. Ingrown toenail excision
13. **Stool testing for occult blood**
14. **Digital rectal and prostate examination**
15. **Testicular exam and ability to instruct patient on performing self-exams**
16. **Interpret Dipstick urinalysis**
17. Microscopic analysis of urinary sediment
18. Demonstrate proper crutch walking and sling use
19. Joint aspiration
20. **Writing prescriptions**

Internal Medicine

1. **Perform admission H & P**
2. **Perform daily progress H & P (rounding)**
3. **Documentation: Admission H & P**
4. **Documentation: Admission orders**
5. **Documentation: Progress note**
6. **Documentation: Discharge summary**
7. **Perform problem focused H & P in office**
8. **Perform wellness H & P in office**
9. **Interpret dipstick urinalysis**
10. Spirometry
11. **EKG interpretation**

Behavioral Medicine

1. **Perform/participate in initial psychiatric evaluation**
2. **Perform follow up psychiatric visit**
3. **Documentation: SOAP note**
4. **Writing prescriptions**

Surgical Medicine

1. **Perform pre-op H & P**
2. **Perform post-operative evaluation**
3. **Documentation: Pre-op evaluation**
4. **Documentation: Brief Op note**
5. **Documentation: Post-Op SOAP note**

6. **Documentation: Discharge summary**
7. **Sterile technique while surgical assisting in OR**
8. **Self-gowning and gloving**
9. **Perform a surgical scrub**
10. **Intraoperative knot tying**
11. **Wound closure and care**
12. Wound dressing (including debridement and irrigation)
13. G-tube placement
14. **Suture removal**
15. **Staple insertion**
16. **Staple removal**

Women's Health

1. **Perform comprehensive gynecological and obstetric history**
2. **Perform prenatal visit to include measuring fundal height and checking fetal heart rate**
3. **Perform postnatal evaluation**
4. **Perform focused H & P for women's health complaint**
5. **Documentation: SOAP note**
6. **Perform pelvic exam**
7. **Perform breast exam and instruct patient on self-breast exams**
8. **Perform pap smear and/or cervical cultures**
9. **Microscopic examination of vaginal swab/secretions**
10. **Urine pregnancy test (hCG)**

APPENDIX C

ROTATION SPECIFIC LEARNING OUTCOMES AND INSTRUCTIONAL OBJECTIVES

Behavioral Medicine Rotation Learning Outcomes:

Upon completion of the BM Rotation, the clinical year PA student will possess **the knowledge, clinical and technical skills, interpersonal skills, professional behaviors, clinical reasoning and problem-solving abilities** necessary to demonstrate entry-level proficiency through demonstration of the following:

1. Participate in clinical care of patients across the life span, to include adolescents, adults, and the elderly, who require assessment and management of acute, chronic and emergent psychiatric and behavioral health conditions in the inpatient or outpatient setting in order to meet the rotation learning outcomes #2-16 below.
2. Obtain a thorough psychiatric and medical history based on the patient's chief complaint or clinical presentation.
3. Perform a problem-focused physical exam based on the patient's chief complaint, including a mental status examination.
4. Verbally communicate relevant findings of the history and physical exam to the preceptor.
5. Develop an appropriate differential diagnosis based upon history and physical exam findings for patients who present with psychiatric signs or symptoms or behavioral problems.
6. Order and interpret laboratory, diagnostic studies, and/or screening tools indicated for the initial or ongoing evaluation or treatment of common psychiatric conditions.
7. Develop a treatment plan for common psychiatric disorders and behavioral problems seen in behavioral medicine, including psychotropic medication, counseling, inpatient care, lifestyle modifications, follow-up care, referral to specialists or community resources, and patient education.
8. Recommend appropriate disposition of patients according to severity of presenting symptoms, including those in need of emergency or inpatient care, including suicidal patients
9. Recommend psychotropic medications based on indication, patient profile, potential adverse effects, and drug interactions.
10. Educate patients and their families regarding challenges specific to psychiatric/behavioral problems.
11. Document a mental health patient encounter.
12. Demonstrate counseling skills such as empathy, active listening, use of open-ended questions, and reflection.
13. Discuss the legal rights of patients with mental illness and describe the ethical issues associated with the care of psychiatric patients.
14. Demonstrate appropriate professional demeanor, ethics, and respect for patients, families, and healthcare team members.
15. Respect patient rights to individuality and privacy by treating confidential information with professional discretion.
16. Demonstrate appropriate response to feedback and an ability to collaborate with other healthcare professionals to provide patient-focused care.

Instructional Objectives for BM

Under appropriate preceptor supervision, by the end of this rotation, the clinical PA student will be able to demonstrate knowledge and competence pertaining to each of the Instructional Objectives (IOs are observable actions or behaviors) listed below in patients of any age from children to elderly and with acute, chronic, and/or emergent behavioral health presentations:

History Taking and Physical Exam Skills: The student should be able to demonstrate competency in the following:

1. Conducting focused and comprehensive health and psychiatric history interviews based on presenting mental health complaints
2. Identifying pertinent historical information and risk factors related to mental health
3. Performing focused or comprehensive age-appropriate physical examination, including mental status exam
4. Associating current complaint with presented history and review of systems, and identifying signs and symptoms of mental health issues, including mood, anxiety, psychotic, personality, eating and substance abuse disorders, as well as ADD and disruptive behavioral disorders
5. Delineating normal and abnormal mental health and physical examination findings, and assessing suicide risk

Developing a differential diagnosis: The student should be able to demonstrate competency in the following:

1. Relaying to the preceptor the significant history and physical exam findings as it relates to possible psychiatric differential diagnosis
2. Identifying variants of normal and distinguishing what constitutes abnormal function, behaviors, and mental health diagnoses using DSM-5 criteria.
3. Formulating a differential diagnosis with consideration to the most likely diagnosis, the most common diagnosis, as well as the most severe and/or life threatening diagnosis

Selecting and Interpreting Laboratory and Diagnostic Studies: The student should be able to demonstrate competency in the following:

1. Identifying indication for initial and subsequent diagnostic and laboratory studies, as well as screening tools for common psychiatric conditions
2. Considering cost effectiveness, benefits, contraindications, sensitivity and specificity, and informed consent for diagnostic studies or procedures.
3. Explaining risks associated with diagnostic studies or procedures to the patient
4. Recognizing normal and abnormal laboratory/diagnostic ranges and results for studies, as well as identifying drug therapies that require testing for therapeutic levels
5. Performing the lab and diagnostic studies safely and with appropriate technique

Developing, Documenting, and Executing an Assessment and Plan: Student should be able to demonstrate competency in the following:

1. Correlating lab and diagnostic data to the differential diagnosis to help select the most likely diagnosis
2. Assessing need for restraints or seclusion for psychiatric patients, as well as discussing the legal procedures involved with voluntary and involuntary psychiatric treatment
3. Developing pertinent non-pharmacologic management plan including referrals to specialists, community resources, behavioral and/or psychological interventions, with an understanding of indications for and risks of treatment modalities such as ECT

4. Documenting the behavioral medicine patient encounter using a SOAP note or site-specific template including recommendations of other members of healthcare team, patient education and follow-up recommendations
5. Providing and documenting patient counseling and education that is patient-centered, culturally sensitive and inclusive to ensure patient's understanding of the plan, including:
 - a. Health promotion and disease prevention such as nutrition, safety, domestic violence screen, and substance use
 - b. Physical activity and exercise modifications to help with mental health
 - c. Identifying obstacles to obtaining necessary psychiatric care as well as available community resources
 - d. Adjustments to lifestyle changes related to ADLs, physical/mental impairment, culture and diverse backgrounds, violence/assault/safety, rehabilitative care, palliative care, death and dying
 - e. Attention to body, soul, and spirit with consideration of and sensitivity to patient's religious/spiritual beliefs, health practices, and lifestyle choices

Developing and Documenting Pharmaceutical Therapeutics and Treatment Modalities: The student should be able to demonstrate competency in the following:

1. Discussing rationale for utilization of medications commonly used in the management of psychiatric and behavioral disorders, with understanding of:
 - a. Mechanism of action
 - b. Indications for use
 - c. Contraindications
 - d. Side effects
 - e. Adverse reactions
 - f. Potential for drug-drug interactions
 - g. Therapeutic effects
 - h. Dosing
 - i. Cost-effectiveness
 - j. Drug toxicity
 - k. Identify risks for, and signs and symptoms of drug interactions from polypharmacy
 - l. Methods to reduce medication errors
 - m. Cross-reactivity of similar medications
2. Selecting appropriate pharmacologic and alternative therapy for psychiatric conditions encountered
3. Monitoring patient's current pharmacologic regimens and adjusting as appropriate
4. Recognizing and managing adverse drug reactions
5. Utilizing appropriate resources to determine appropriate medications
6. Documenting orders and prescriptions for treatment medications

Applying Basic Science Concepts: The student should be able to demonstrate competency in the following:

1. Recognizing and describing pertinent physiology and pathophysiology, signs, symptoms and approaches to evaluate and determine differential diagnosis and management of the more common mental health conditions
2. Initiating indicated tests and integrating results into clinical problem-solving and care planning
3. Developing therapeutic management based on patient information, evidence-based medicine, and clinical judgement

Professionalism: The student should be able to demonstrate competency in the following:

1. Displaying sensitivity to the emotional, social, and ethnic background of patients with mental health disorders
2. Respecting the privacy and confidentiality of each patient
3. Communicating and interacting professionally with other members of the healthcare team.
4. Recognizing limitations and willingness to seek help from supervising preceptors, and referencing appropriate resources.
5. Demonstrating an openness to receiving constructive criticism
6. Initiating independent outside research concerning clinical cases encountered
7. Performing duties with a professional attitude in such areas as attendance, dress code, and demeanor